

Bureau of Air Pollution Control (BAPC) - Permitting Branch

CONFIDENTIALITY REQUEST FORM

Pursuant to Nevada Revised Statutes (NRS) 445B.570 and Nevada Administrative Code (NAC) 445B.224

Facility Name: Click or tap here to enter text.

Existing Facility ID: <u>A</u>Click or tap here to enter text.

Existing Permit Number: <u>AP</u>Click or tap here to enter text.

Type of Facility: Click or tap here to enter text.

Anticipated Permit Action: Click or tap here to enter text.

Date of Request: Click or tap here to enter text.

The application filing fee required by NAC 445B.224 must be submitted with the completed application. The fee for a Confidentiality Request is \$1,000. Checks must be made payable to: Nevada State Treasurer, Environmental Protection.

<u>Notice:</u> Under NRS 239 (the Nevada Public Records Act) the Bureau must hold all records as public unless declared confidential by law. (NRS 239.0113)

NRS 239.010(3).

"A governmental entity that has legal custody or control of a public book or record shall not deny a request made pursuant to subsection 1 to inspect or copy or receive a copy of a public book or record on the basis that the requested public book or record contains information that is confidential if the governmental entity can redact, delete, conceal or separate the confidential information from the information included in the public book or record that is not otherwise confidential."

Part 1. Company and Facility Information

Company Name Name:	
Address:	
City:	
State:	Zip Code:
Responsible Official Name:	Name and Address [NAC 445B.156]
Address:	
City:	
State:	Zip Code:
Facility Name and A	ddress Same as "Company Name" above □
Address:	
City:	
State:	Zip Code:



Part 2. Conditions for Protection

As stated in NRS 445B.570(6), "confidential information" means information or records which:

- a) Relate to dollar amounts of production or sales;
- b) Relate to processes or production unique to the owner or operator; or
- c) If disclosed, would tend to affect adversely the competitive position of the owner or operator.

Identif	by the information that is requested to be held confidential and explain how it applies to NRS 445B.570(6)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
Attach a	dditional documentation as needed.
this ap declare you sui be resi	the information obtained pursuant to this request for confidentiality must clearly state that it is confidential pursuant to proval. Be advised that the BAPC will verify the content of the confidential information obtained to ensure the information ed confidential conforms with this request. In addition to providing the confidential information, the BAPC requires that bmit redacted versions of any submitted information that is intended for public review. A new/updated request form shall abmitted for all future confidentiality requests. Any non-confidential information received prior to this request cannot pactively deemed confidential.
THIS	FORM MUST BE SUBMITTED AND APPROVED BY THE BAPC PRIOR TO SUBMITTING AN AIR QUALITY OPERATING PERMIT APPLICATION AND/OR ANY SUPPLEMENTAL INFORMATION. DO NOT SUBMIT CONFIDENTIAL INFORMATION BY EMAIL.
	y under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there nificant civil and criminal penalties for submitting false, inaccurate or incomplete information.
Respo	onsible Official Signature: Date:



Part 3. Routing Slip (*To be completed by the BAPC*)

Chief, Bureau of Air Pollution Control

BAPC Permit Writer Approval Recommendation Based on the content and descriptions provided, I am \square approving or \square denying or \square requiring additional information to this request for confidentiality of those items in the aforementioned request per NRS 445B.570. Reason for denial or additional information request (if applicable): Name: Title: Signature: Date: Permit Writer, Permitting Branch, Bureau of Air Pollution Control **BAPC Supervisor Approval Recommendation** Based on the content and descriptions provided, I am \square approving or \square denying or \square requiring additional information to this request for confidentiality of those items in the aforementioned request per NRS 445B.570. Reason for denial or additional information request (if applicable): Name: Title: Signature: Date: Supervisor, Permitting Branch, Bureau of Air Pollution Control **BAPC Chief Approval Recommendation** Based on the content and descriptions provided, I am \square approving or \square denying or \square requiring additional information to this request for confidentiality of those items in the aforementioned request per NRS 445B.570. Reason for denial or additional information request (if applicable): Name: Title: Signature: Date:



Part 3. Routing Slip (To be completed by the BAPC) (continued)

NDEP Deputy Administrator Approval Recommendation Based on the content and descriptions provided, I am □ approving or □ denying or □ requiring additional information to this request for confidentiality of those items in the aforementioned request per NRS 445B.570. Reason for denial or additional information request (if applicable): Name: _______ Title: _______ Signature: _______ Date:

Deputy Administrator, Nevada Division of Environmental Protection